

# Technical Assistance & Training Program: What We Can Do For You

North Carolina Division of Public Health  
Communicable Disease Branch  
Medical Consultation Unit  
April 19, 2018

# Objectives

01

Identify three local activities that TATP nurse consultants can assist LHDs with

02

Describe the process of contacting TATP nurse consultants

03

List components of educational offerings for LHDs

# A Little TATP History

Started  
in 2010

- Promote best practices for CD programs
- Enhance web-based resources and training
- Respond to surveillance data needs at LHDs
- Assist with service integration to better serve the community

# A Little TATP History

Originally made up of 5 regional nurse consultants

## Regional Communicable Disease Nurse Consultants

NC Division of Public Health  
Epidemiology Section/Communicable Disease Branch/Medical Consultation Unit  
Technical Assistance and Training  
Telephone (24/7): 919-733-3419  
Secure Fax: 919-715-4699

Kathy Dail, RN, Supervisor  
919-715-7396 (desk)  
kathy.dail@dhhs.nc.gov

Jodi Reber, RN  
919-715-5416  
919-733-3419 (main)  
jodi.reber@dhhs.nc.gov

Lorri Taylor, RN  
919-733-9607  
919-733-3419 (main)  
lorri.taylor@dhhs.nc.gov

Interim Consultant  
\*Contact Kathy Dail, RN  
919-715-7396  
919-733-3419 (main)



Susan Thompson, RN  
919-733-9601  
919-733-3419 (main)  
susan.thompson@dhhs.nc.gov

Diane Matthewson, RN  
704-566-8990  
919-733-3419 (main)  
diane.matthewson@dhhs.nc.gov

Technical Assistance and Training for communicable diseases and conditions of public health significance, including case and outbreak investigations for Bacterial Meningitis, Foodborne Disease, Healthcare Associated Infections, Hepatitis A and Hepatitis C infections, Novel Viruses, and Sexually Transmitted, Vectorborne, Waterborne, and Zoonotic Diseases.

- Additional Note: There are no changes to the following investigations:
- TB Consultation & Case Investigation (contact regional TB consultant);
  - HIV/AIDS and Syphilis active cases (contact regional disease investigation specialist);
  - Hepatitis B infections (contact Immunization Branch).

# A Little TATP History

Undertook a  
major task in  
2013

100 county  
assessment of  
STD programs

Visited all of the  
85 county/district  
health  
departments

# 2013 Visit Findings

- ▶ This assessment resulted in
  - ▶ 18 regional workshops
  - ▶ Development of educational material
    - ▶ Webinars
    - ▶ New CD nurse orientation

## NORTH CAROLINA ASSESSMENT OF LOCAL HEALTH DEPARTMENT STD CLINICAL SERVICES

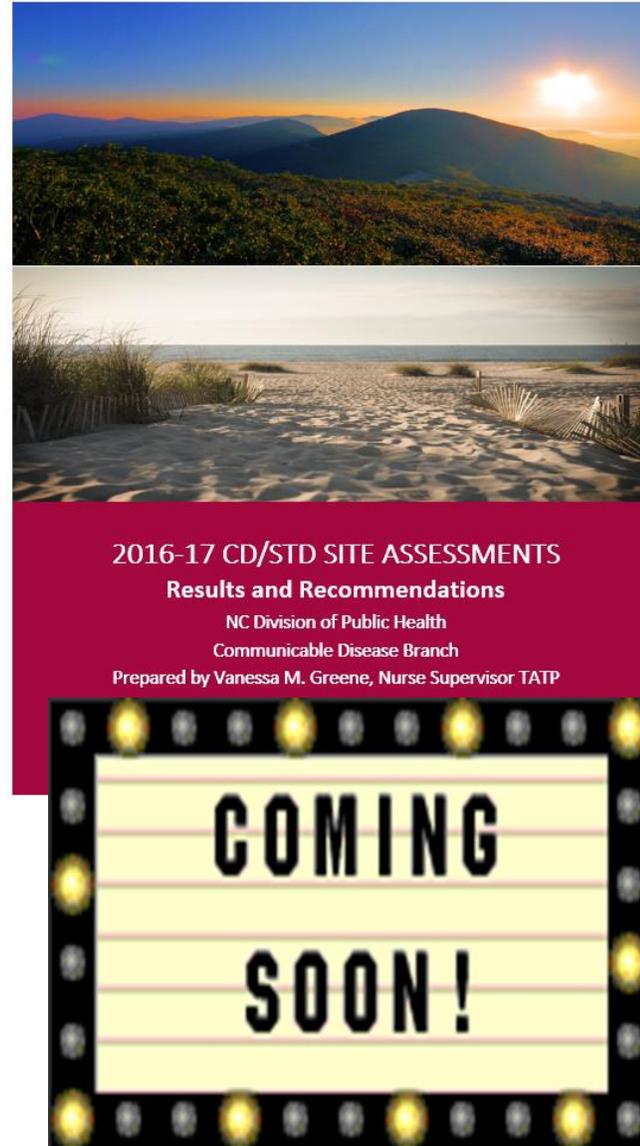
NC DHHS Division of Public Health (DPH) Communicable Disease Branch conducted a 100 County assessment of Local Health Department Sexually Transmitted Disease Clinical Services from March 2013 – December 2013. DPH leadership authorized the statewide assessment to capture baseline data on the evaluation, testing and treatment of clients presenting to the local public health department for STD services. The assessment of LHD STD clinical services was the first statewide, on-site assessment in the history of NC Public Health.

Prepared by  
Kathryn Garner Dail, BSN, MEd, RN  
Technical Assistance and Training Program Manager  
Communicable Disease Branch

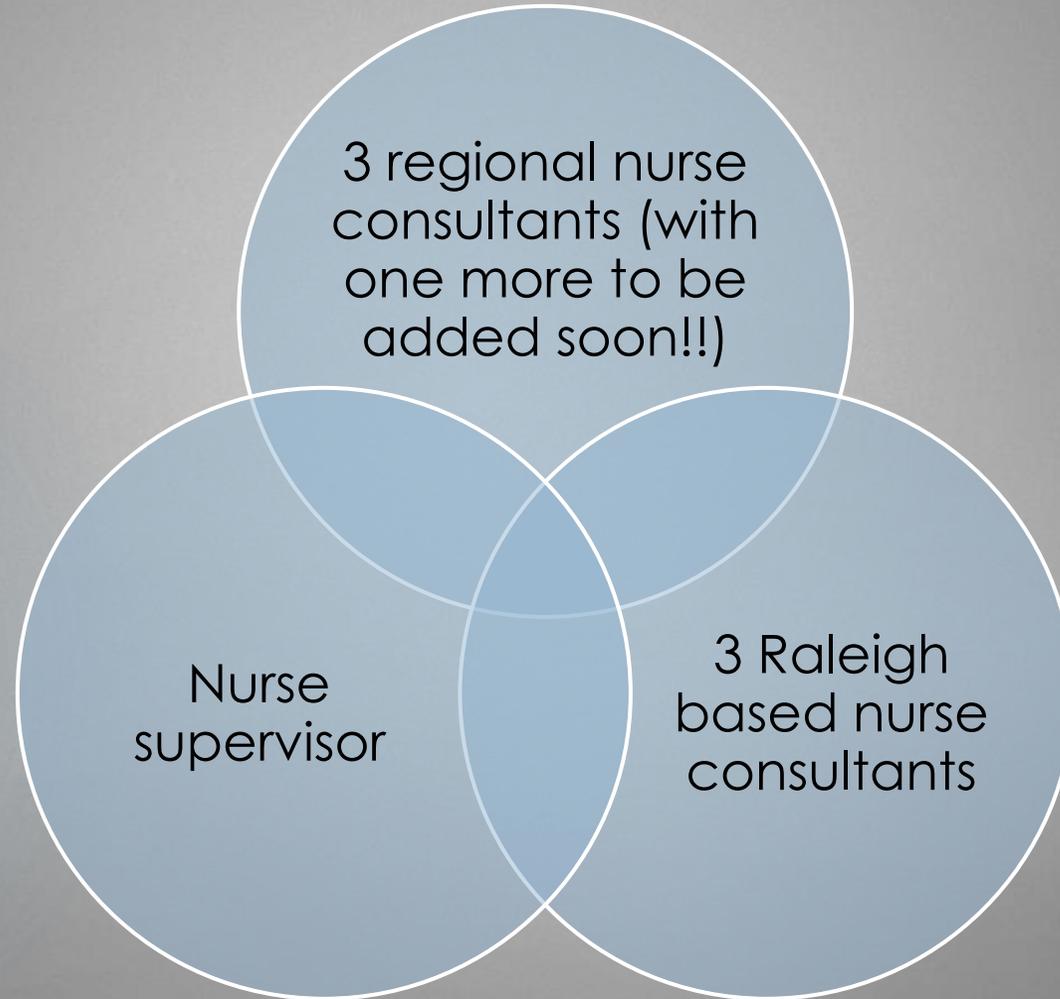
STD CLINICAL  
SERVICES IN 100  
COUNTIES; 85  
HEALTH  
DEPARTMENTS/  
HEALTH  
DISTRICTS

# 2016-17 Findings

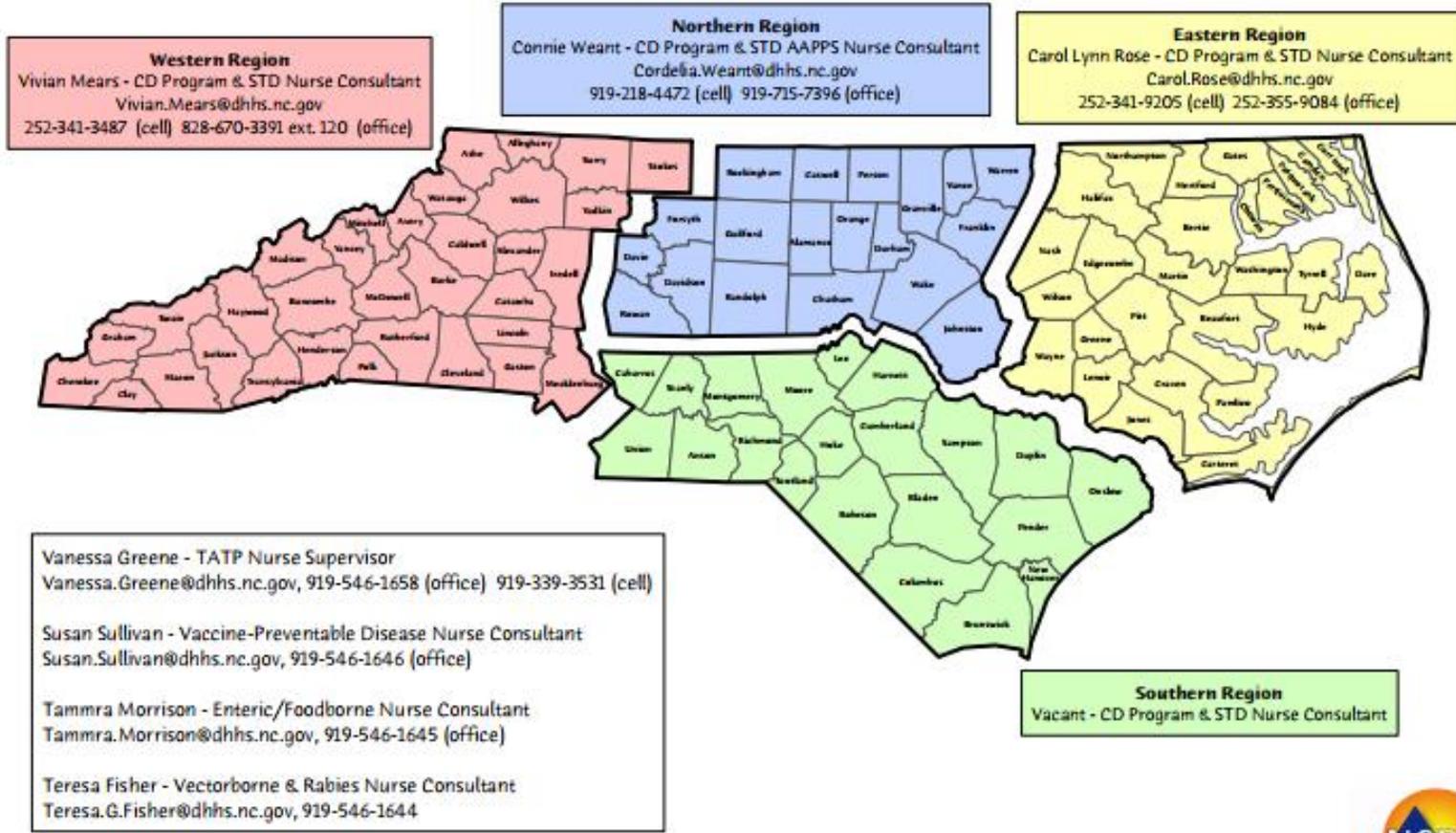
- ▶ On-site assessments at all counties from January 2016-September 2017
- ▶ Issues from 2013 had been corrected
- ▶ Some documentation issues related to EMRs



# TATP Today



## Communicable Disease Branch Technical Assistance and Training Program (TATP) Nurse Consultants Serving Local Health Departments



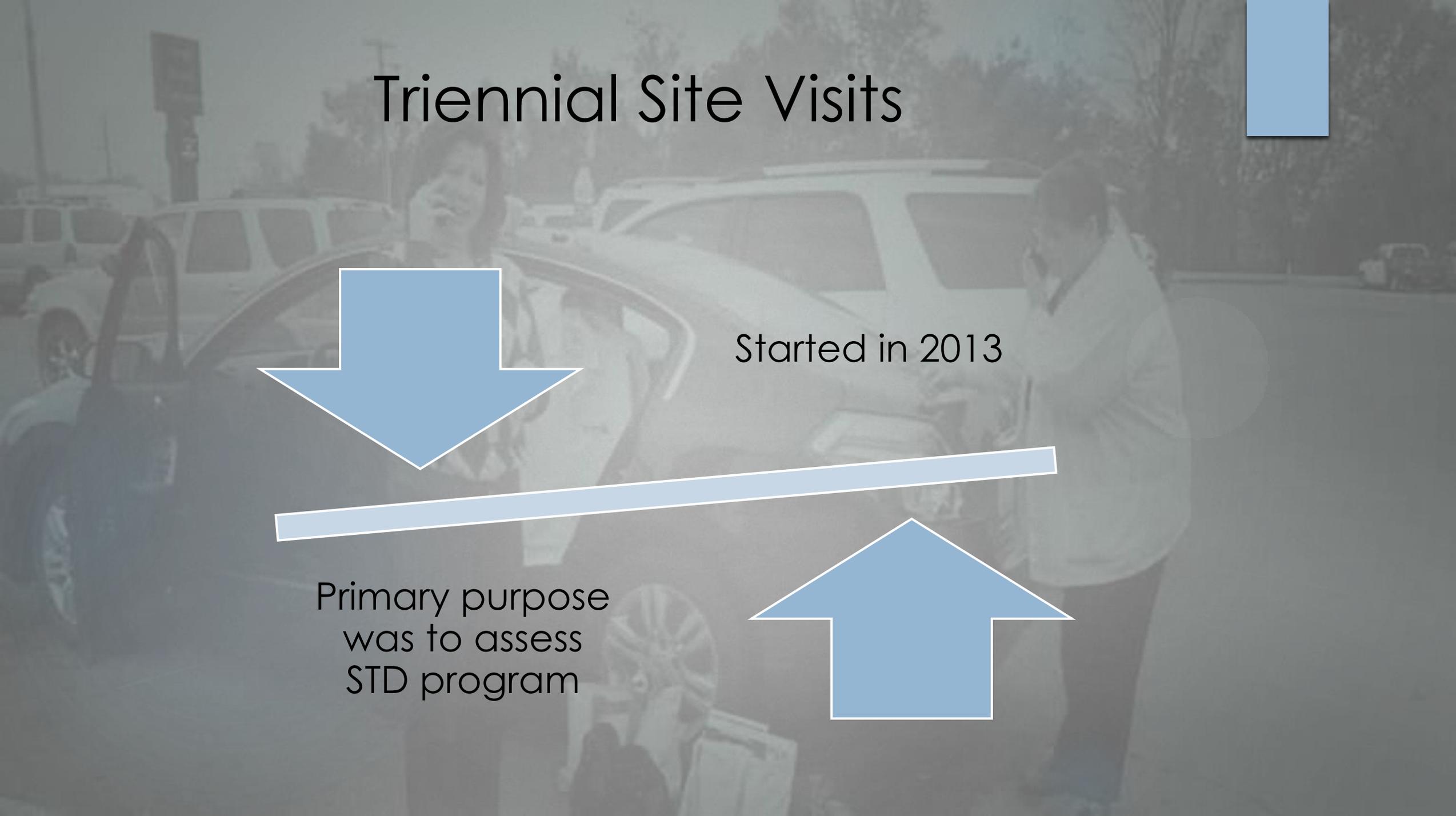
**we can  
help**

What Do  
We Do?

# Triennial Site Visits

Started in 2013

Primary purpose  
was to assess  
STD program



# Triennial Site Visits

Expanded in 2016-17 to also assess CD program

- Routine on-site observation of STD ERRN
- Review of medical records to include billing
- Policy and standing order review

# Triennial Site Visits

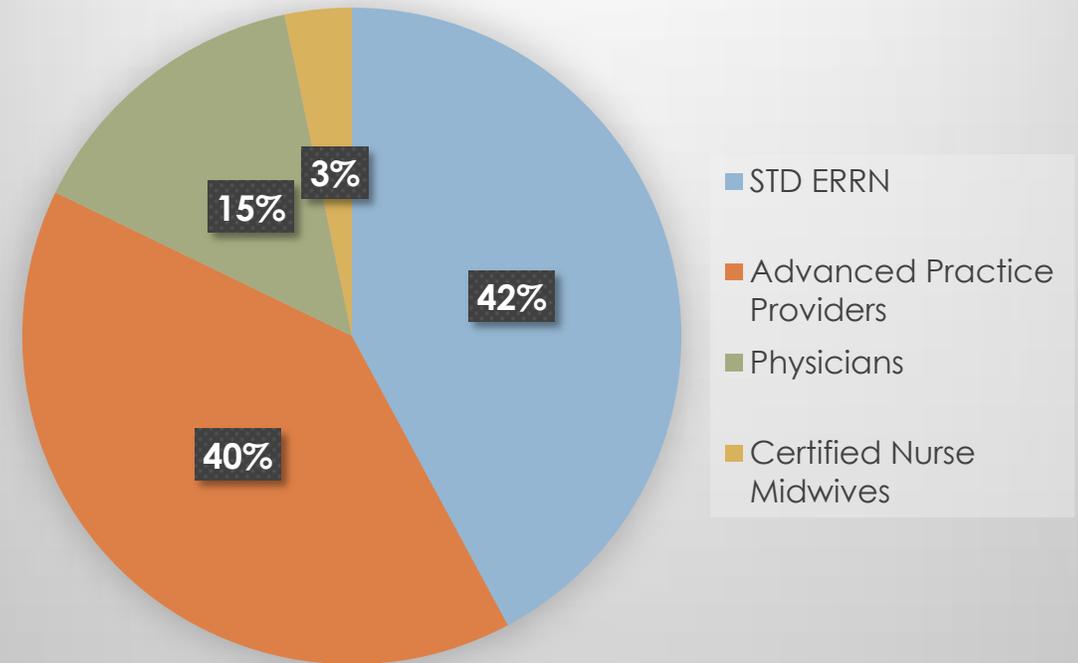
## Quality checks during visits included

Assurance of implementation of 2015 CDC STD Treatment Guidelines

Medical record audits

Assurance of standing orders in NC BON format

Observation of clinical practice





# Ten Ways Public Health Nurses (PHNs) Improve Health

Optimal health is largely the result of a person's social and physical environments. As the largest segment of the health care workforce and the most trusted profession, nurses are leading the way to transform health and health care by focusing on the social determinants of health and the places where people live, learn, work, worship and play.

PHNs advance the health of individuals, families and communities using a distinct skill set. This skill set includes consistent utilization of the nursing process; application of critical thinking skills; and decision-making informed by science and evidence. These unique skills overlay all of the "Ten Ways" that PHNs improve health as described below.

- 1 Prevent**  
PHNs work inside and outside clinic walls to prevent conditions such as obesity, diabetes, injuries, school absenteeism, infant mortality, and spread of communicable diseases.
- 2 Educate**  
PHNs educate individuals, families, communities and stakeholders about healthy behaviors, environments, and policies that make the healthy choice the easy choice.
- 3 Coordinate**  
PHNs coordinate and integrate care and services across the lifespan to improve individual and population health outcomes, improve health equity and reduce costs.
- 4 Protect**  
PHNs protect people by educating about environmental hazards, preparing for emergencies and mobilizing during disasters.
- 5 Lead**  
PHNs lead evidence-based quality practice and policy changes. They lead cross-sector and transdisciplinary collaborations that impact communities.
- 6 Promote**  
PHNs promote health equity and health as a shared value through individual and community engagement and inclusion.
- 7 Advocate**  
PHNs advocate for community assets that lead to healthier people such as safe and affordable housing, healthy school meals, tobacco prevention policies, safe places to walk and bike, access to healthy food, appropriate behavioral health treatment services, violence prevention and trauma informed care.
- 8 Care**  
PHNs care for people, families, and communities. They understand the importance of culture, language, literacy, and how these shape health, well-being and equity.
- 9 Integrate**  
PHNs recognize that health is a function of physical, mental, emotional and spiritual well-being. They assist individuals and communities in integrating a variety of needed services through collaborating, mobilizing and leading interdisciplinary teams, partners and consumers.
- 10 Research**  
PHNs use research to inform their practice and do research to improve health of the individual, family and community.

Robert Wood Johnson Foundation Public Health Nurse Leaders, August, 2017  
This document may be freely reproduced and distributed.

[Ten Ways Public Health Nurses Improve Health Infographic Link](#)

# CD Nurse Orientation

01

TATP meets with new CD Nurse at the local health department

02

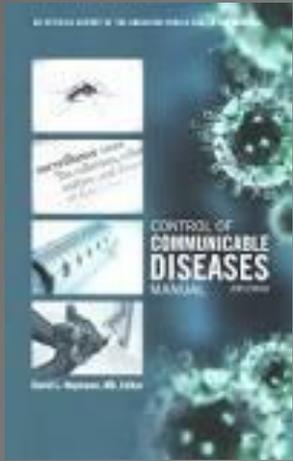
Provides overview of public health surveillance, investigation and intervention

03

Reviews CD Nurse roles, skills, and responsibilities

# CD Nurse Orientation

**Division of Public Health  
Agreement Addendum  
FY 17-18**



Review of Agreement Addenda requirements

- Trainings, NCEDSS use, Reporting expectations

Review of Resources

- Online CD Manual, APHA CD Manual, CDC, Red Book, Pink Book

# CD Nurse Orientation



Review of  
consultants and  
contacts



Review of  
agency resources  
for the CD nurse



# New Supervisor Orientation

Agreement  
Addenda  
Review

Public Health  
Nursing  
Resources

Introduction to  
CD and STD  
Program  
requirements

Tailored to  
experience  
level of  
supervisor

# Scheduling Orientations

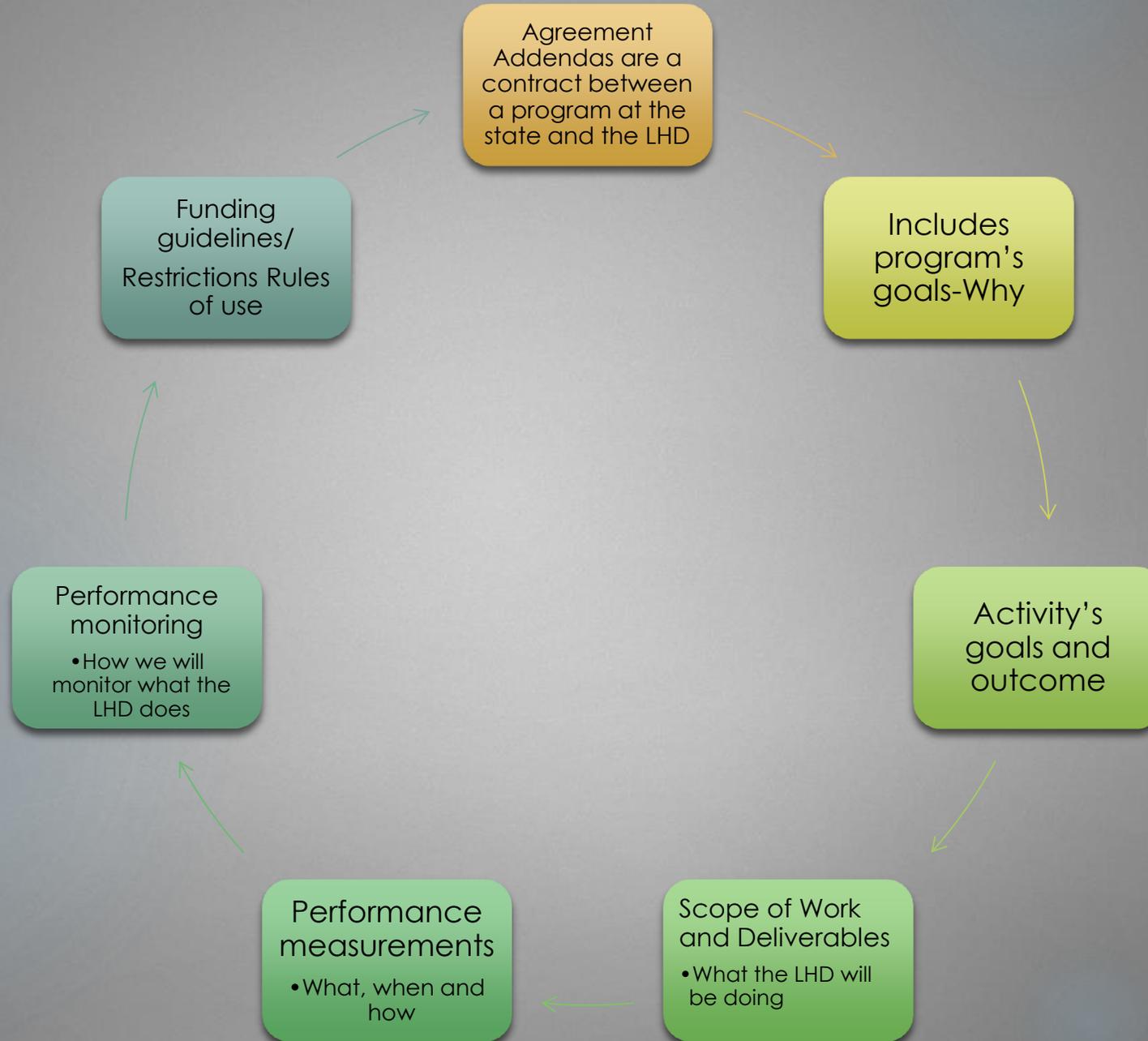
New lead or back-up CD nurse should have orientation

LHD should contact regional TATP nurse consultant once RN has completed NCEDSS training

New CD/STD supervisor should have orientation

LHD should contact regional TATP nurse consultant once new supervisor is hired

# AA'S



# TATP AA's

AA 510- General Communicable Disease Control

AA 536- STD Care in LHD's

AA 610- STD Supplies and Services

AA 894- 340B Drugs for STD Treatment



Assistance  
with Policies,  
Procedures &  
Standing  
Orders

# Policy, Procedure, and Standing Order Assistance



Guides and determines agency decisions and actions



Adopted by and pursued by an agency



A tool that helps employees attain agency goals



The what and why of the goal or intent of the agency



# Policy, **Procedure**, and SO Assistance

## The Purpose of a Written Procedure

Detailed and sequential actions that must be executed to ensure that a policy is implemented

A **METHOD** for carrying out a policy

Action oriented

The “how, who, when and/or where” through which policies are carried out

# Policy, Procedure, **Standing Order** Assistance

Written  
instructions  
prepared by a  
MD

Outline the medical  
assessment,  
appropriate testing  
and treatment that a  
clinician may perform  
or deliver on behalf of  
the physician.

Provide the  
framework to  
assess and treat  
conditions and lab  
results while  
practicing in LHDs

MUST NOT call for  
the RN to  
discriminate  
assessment  
findings beyond  
the level of normal  
vs. abnormal

MUST NOT contain  
a plan of care  
which includes  
actions beyond  
the licensed  
professional's  
scope of practice

Standing Orders standardize the  
clinical care practiced by all clinicians

# Annual CD Conference

Annual CD  
Conference  
May 21-23

To register go  
to  
<https://www.scahec.net/courses-and-events/54290/2018-communicable-disease-conference-adapting-to-changing-tides>

To sign up for  
pre-  
conference  
and  
conference  
sessions to  
<https://www.surveymonkey.com/r/TQGK9SX>

Meet the  
TATP nurses  
and CDB  
staff!

Pre-  
conference  
Workshops

STD  
Outbreak  
Investigation  
Infection  
Prevention  
and Response  
NC EDSS  
Intermediate  
Workshop



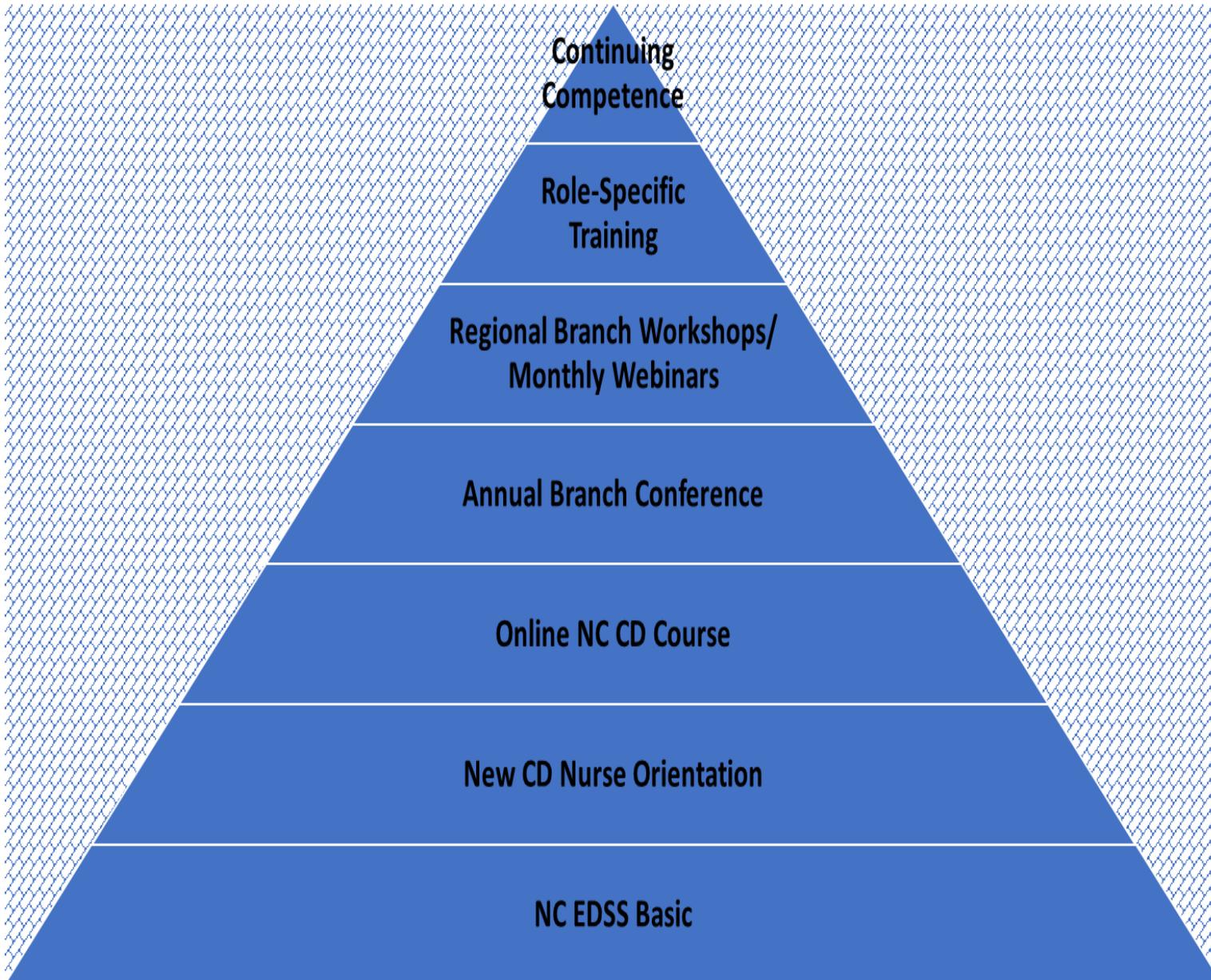
# Training Plan for Local Health Department Communicable Disease Staff

**CD Branch Technical  
Assistance and  
Training Program  
(TATP) Nurse  
Consultant Workgroup**

**Initiated July 2015**

# Target Audience





# CD Training Pyramid for LHDs

# Types of Activities

## Provider-directed, provider-paced

- Live webinars
- Onsite training

## Provider-directed, learner-paced

- Online courses
- Self-learning modules

## Learner-directed, learner-paced

- Individual activities based on learner needs

# Training Objective

To assure local program staff have knowledge, skills and attitudes to provide quality communicable disease services to their community as mandated by North Carolina Administrative Code

**10A NCAC 41A .0103**

# STD ERRN Verification

TATP consists of 3 nurse consultants who are STD ERRNs

Work with UNC for PAA/STD combined course

Ensure annual re-rostering requirements for ERRNs are met

Conduct observation of STD ERRN practice during monitoring visits



# STD Access & Availability



AA 536 Requirement – annual reporting of LHD access and availability of STD services

Reporting for calendar year – due January 15

Data is helpful for compliance and identification of best practice, areas for improvement

THE DOCTOR  
IS IN





EPI On  
Call

# Epi on Call

919-733-3419 Available 24/7

## **Mission of CDB**

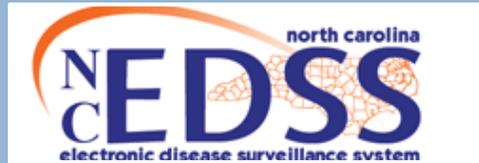
The mission of the North Carolina Communicable Disease Branch, located in the Epidemiology Section of the Division of Public Health, is to reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public through detection, tracking, investigation, control, and education and care activities to improve the health of people in North Carolina.

# Epi On Call

## Duties of the Epi On-Call Staff member:

- Answers questions and provides assistance to responding to communicable diseases issues
- Refers to appropriate Subject Matter Expert as needed
- Refers to other State agencies as needed (ex. Environmental Health)
- Assists with getting permissions for special testing such as Mumps testing
- Check the NCEDSS workflow frequently throughout the day – notifying LHDs of any “High Profile case they may need to begin to investigate, if they have not already begun

# Epi On Call



Creates Outbreak event in NCEDSS and communicates outbreak event # to the LHD

## SITREP

Sends a "SitRep" to other members of the Epi-On Call CD Branch group, which provides a brief and standardized description of the outbreak situation



Epi On  
Call

**919-733-3419**

Memorize it!!

Post it!!

Use it!

We are here to help you!!

# Outbreak Investigations

1

Preconference workshop

2

Report all outbreaks to the CDB

3

Follow the 10 steps of an outbreak

4

Investigation  
• NCEDSS data entry



# Who to Contact?

## Western Region

### Vivian Mears

CD Program & STD Nurse Consultant

Vivian.Mears@dhhs.nc.gov

252-341-3487 (C) 828-670-3391 ex120 (O)

## Northern Region

### Connie Weant

CD Program & STD AAPPS Nurse  
Consultant

Cordelia.Weant@dhhs.nc.gov

919-218-4472 (C)

## Eastern Region

### Carol Lynn Rose

CD Program & STD Nurse Consultant

Carol.Rose@dhhs.nc.gov

252-341-9205(C) 252-355-9084 (O)

## Southern Region

CD Program & STD Nurse Consultant



## TATP Nurse Consultant Supervisor

### Vanessa Greene

Vanessa.Greene@dhhs.nc.gov

919-546-1658 (O) 919-339-3531 (C)

## Vaccine Preventable Disease

### Nurse Consultant

#### Susan Sullivan

Susan.Sullivan@dhhs.nc.gov

919-546-1646 (O)

## Enteric/Foodborne Nurse Consultant

### Tammra Morrison

Tammra.Morrison@dhhs.nc.gov

919-546-1645 (O) 919-397-7716 (C)

## Vectorborne & Rabies Nurse Consultant

### Teresa Fisher

Teresa.Fisher@dhhs.nc.gov

919-546-1644 (O)